

"How Teen Abortion Affects The Family"

I. Women and abortion:

Physical effects *What are the physical risks of surgical abortions?*

Cervical tearing and laceration from the instruments. Perforation of the uterus by instruments. May require major surgery, including hysterectomy. Scarring of the uterine lining, by suction tubing, curettes, and other instruments. Infection, local and systemic (sepsis). Hemorrhage and shock, especially if the uterine artery is torn. Anesthesia toxicity from both general or local anesthesia, resulting in possible convulsions, cardiorespiratory arrest, and in extreme cases, death. General anesthesia in abortion has a two to four times greater risk of death than local anesthesia. Retained tissue, indicated by cramping, heavy bleeding and infection. Postabortal syndrome, referring to an enlarged tender, and soft uterus retaining blood clots. Failure to recognize an ectopic pregnancy. This could lead to the rupture of a fallopian tube and hemorrhage and resulting infertility or death, if treatment is not provided in time.

Source: Dr Warren Hern, *Abortion Practice*, c. 1980

also: Hern, W, "Long Term Risks of Induced Abortion," *Gynecology and Obstetrics*, 6:63 (1994)

PELVIC INFLAMMATORY DISEASE (PID)

PID is a potentially life threatening disease which can lead to an increased risk of ectopic pregnancy and reduced fertility. Of patients who have a chlamydia infection at the time of the abortion, 23% will develop PID within 4 weeks. Studies have found that 20 to 27% of patients seeking abortion have a chlamydia infection. Approximately 5% of patients who are not infected by chlamydia develop PID within 4 weeks after a first trimester abortion. It is therefore reasonable to expect that abortion providers should screen for and treat such infections prior to an abortion. 11 More on pelvic inflammatory disease.

INCREASED RISKS FOR TEENAGERS

Teenagers, who account for about 30 percent of all abortions, are also at much high risk of suffering many abortion related complications. This is true of both immediate complications, and of long-term reproductive damage. Wadhera, "Legal Abortion Among Teens, 1974-1978", *Canadian Medical Association Journal*, 122:1386-1389, (June 1980).

As is clear from the document above, surgical abortion carries many physical risks, which are compounded for repeat and late term abortions. Many women may have damage to their reproductive systems without realizing it, only to find years later that they are infertile or worse. Surgical abortion can make subsequent pregnancies more dangerous, thus contributing to overall maternal mortality for wanted pregnancies. The increased risk of breast cancer, though well documented, is not usually disclosed to women seeking abortions. Any woman considering abortion should take into account the possibility of becoming injured in any of the ways documented above.

Women who have induced abortions have an increased risk of HIV infection of 172%, and researchers are at least 99% confident of this result. "Significantly higher prevalences of infection [HIV-1] were associated with induced abortion (0.49%) than with delivery (0.18%) (OR: 2.72; 95% CI:

2.29-3.22)" [European Journal of Epidemiology, Deliveries, abortion and HIV-1 infection in Rome, 1989-1994, 1997, 13:373-378.]

A typical 15 year old American girl has a 10% lifetime risk of breast cancer. If she gets pregnant in her teens and has the baby she reduces her risk to 7.5%. However, if she has an abortion, her risk of breast cancer rises to 15% (assuming she has at least one child in her 20's). If the abortion sterilizes her and/or for other reasons, she never has another pregnancy, her risk rises to 30%. [Source: Brinton LA, Hoover R, Fraumeni IF, Jr. (1983) Brit. J. Cancer. 47:757-62.]

Psychological effects

by Sarah E. Hinlicky

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“...women who have had abortions suffer so much that there's now a name for what they go through: Post-Abortion Stress Syndrome (variously PASS or just PAS; also classified under Post-Traumatic Stress Disorder, PTSD).

Standard PTSD is a psychological dysfunction that often comes from threats or experiences of physical injury, sexual violation, and the witnessing of or participating in a violent death. It's the same as the “shell-shock” that veterans go through. The trauma makes the victim's defense mechanisms soar out of control. They take on a life of their own and cause alterations in personality and behavior. In technical terms, the results are hyper-arousal (extreme sensitivity, nervous agitation, sleeplessness, constant alert to danger); intrusion (the bad experience breaks into ordinary life, often in the form of nightmares) and constriction (inability to reach out to others and express emotions).

The trauma in PASS comes from the pressure to abort from boyfriends or family, the anxiety over choosing the abortion, the physical pain of the procedure (despite anesthesia!) and, most obviously, guilt once the abortion has been performed. Some women have even said that an abortion feels like rape — a sexual violation performed by a complete stranger causing extraordinary pain. PASS is particularly virulent in women who have had chemical abortions, because these abortions produce a complete, perfect and dead child.

Post-abortive women are more prone to divorce and chronic relationship problems; they find it difficult to bond with their children born after the abortion and simply continue the pattern — by now, 45 percent of all abortions are repeat abortions. All these expressions of PASS can show up from minutes after the abortion to decades later. Often it takes five to ten years of denial before the memories and emotions begin to surface uncontrollably.

The Abortion-Breast Cancer Link, Dr. Joel Brind, a professor of biology and endocrinology at Baruch College of the City University of New York, with some colleagues, examined every single one of the 23 studies on abortion and breast cancer from 1957 to the present, and he found an overall 30 percent risk increase. (The Denmark study was riddled with methodological errors — a fact that Hartge failed to mention.) That is usually enough to make medical experts anxious and outspoken, but here they have been conspicuously silent. This is rather odd, because medically speaking, an increase in the risk of breast cancer following abortion makes sense. A terminated pregnancy means overexposure to estrogen, and excess estrogen is one of the main contributors to breast cancer. The risk is even worse for African-American women, who are 4.7 times as likely to get breast cancer after the age of 50 if they've had an abortion.

II. Abortion and Men:

ARTHUR B. SHOSTAK, Ph.D. : Drexel University:

“It is time to adopt a pro-couple approach to the abortion challenge, one that can help clinic users grow in insights , empathy, and responsibility from an experience from which they are never quite the same.”
{ed. note: Dr. Shostak’s personal view may be considered “pro-choice”, although his research indicates severe risks to men, women, and the family as a whole as a result of abortion}

III. A brief discussion on ‘Wantedness’ within the family

The term unwanted seems to be an adjective modifying child. It is not. The child does not change her characteristics if she is first unwanted then wanted, or the reverse. We change. We should change from unwanting to wanting people.

So the whole problem of the unwanted child is our problem. There is nothing wrong with an unwanted child, no reason why she should be destroyed. There is very much of a problem with unwanting parents and an unwanting society. The changes that are called for to solve this problem are changes in us, not changes in the so-called unwanted child, from being alive to being destroyed.

There is no such thing as an unwanted child - there are only unwanting people among those who are born. Jean Garton makes this point, (1979). p. 30. GARTON, Jean Staker 1979 Who Broke the Baby? Minneapolis; Bethany Fellowship.

IV: The issue of abortion and child abuse

First, abortion is not a solution for child abuse, because abortion is itself the ultimate child abuse! Recall what has been continually emphasized, the horror of the methods of abortion, such as saline burning of the skin for one to two hours or cutting the child to pieces, and the pain these methods cause to the child. Even by other "clean and painless" methods, abortion would still be child abuse because all murder is a form of abuse.

Second, abortion is not a solution for child abuse. It is simply false to assume that it is the unwanted child who will be abused while the wanted child will not. "Many studies have demonstrated that the victim of child abuse is not the 'unwanted child.'"7

It IS the wanted child. In his study of child abuse, Edward F. Lenoski, M.D., found that "91% of the parents admitted they wanted the child they had abused. The mothers had also donned maternity clothing two months earlier than most expectant mothers."8

Furthermore: "A higher percentage of the abused children were named after one of the parents,"9 indicating that they were wanted.

Third, there is another compelling reason why abortion is not a solution for child abuse. "Instead of reducing the incidence of child abuse, the evidence shows that abortion actually increases child abuse."10 There are a number of reasons for this:

1.The abused child is reduced to an object. The abortion mentality reinforces the attitude of treating children like objects, objects that can be wanted or unwanted according to whether or not "it" satisfies parental needs ... What aborters and abusers have in common. . . is "the assumption that the rights, desires, and ideas of the adult take full precedence over those of the child, and that children are essentially

the property of parents who have the right to deal with their offspring as they see fit, without interference."¹¹

2.The abused child is a victim of the result of guilt. "Aborted women frequently feel guilt, and 'guilt is one of the major factors causing battering and infanticide.' This guilt results in 'intolerable feelings of self-hatred, which the parent takes out on the child.'"¹²

3.The abused child is a victim of the result of lowered self-esteem. "Child abusers almost invariably have a significant lack of self-esteem. Since lowered self-esteem is a well-documented aftermath of abortion, the experience of abortion may help shape an emotional environment which is conducive to the battering of other or later children."¹³

Lenoski states that if the mother sees a resemblance of herself in her child, and if "the mother has very little self-esteem, she will see in the baby a reflection of the low self-esteem she feels toward herself,"¹⁴ making the child a potential victim of the bad feelings the mother has for herself.

4.The abused child is a victim of the result of failures in bonding. Dr. Philip C. Ney, an authority on child abuse, explains: "It would appear that those who abort their infants at any stage of pregnancy interrupt a very delicate mechanism and sever the developing bond that is critical for the infant's protection against the mother's carelessness or rage. It is hypothesized that, once bonding is interrupted in the primipara, there are long-lasting psychological changes which make it more difficult for the same bond to develop in subsequent pregnancies. For this reason, it is likely that abortion contributes to bonding failure, an important cause of child battering. Consequently, as rates of abortion increase, rates of battering will increase proportionately."¹⁵

5.The abused child is a victim of the results of marital stress. The marital stress caused by abortion increases family hostilities and thus heightens the possibility of violent outbreaks. If the father felt left out of the abortion decision or only resentfully agreed to the abortion, or if the woman felt pressured into the abortion by her mate, deep feelings of resentment and violation of trust might cause frequent eruption of emotions. In the heat of such parental disputes, children are likely to get caught in the crossfire, objects of release for the pent-up rage of adults.¹⁶

6.The abused child is a victim of the results of abortion, because, as Dr. Ney states: "

- a.) Abortion decreases an individual's instinctual restraint against the occasional rage felt toward those dependent on his or her care.
- b.) Permissive abortion diminishes the social taboo against aggressing the defenseless.
- c.) Abortion increases the hostility between generations.
- d.) Abortion has devalued children, thus diminishing the value of caring for children."¹⁷

That abortion actually increases child abuse is tragically borne out by statistics. Since *Roe v. Wade*, child abuse has increased proportionately with the skyrocketing rate of legal abortions. The same pattern of increased child battery following legalization of abortion has also been observed in many other countries, including Canada, Britain, and Japan. During 1975 alone, the rate of child battery in New York increased 18 to 20 percent, leading to estimates that during the 1980s there would be 1.5 million battered children, resulting in 50,000 deaths and 300,000 permanent injuries.¹⁸

Other sources reveal a similar, or worse, picture of violence against children. Anne H. Cohn, executive director of the National Committee for the Prevention of Child Abuse, speaking at Brown University, March 8, 1989, told the audience that "about 2.25 million child abuse cases were reported last

year, half of which required some form of treatment; 1,130 deaths were attributed to child abuse last year; the number of reported cases has risen 50 percent in the last 5 years."19

Abortion and child abuse go together. Each represents the loss of reverence for a human person, the willingness to use violence against him. Even when abortion and child abuse are not practiced by the same persons, they are manifestations of the same underlying attitude of loss of respect for human persons, and thus they tend to exist together. Again, abortion is not a solution to the terrible problem of child abuse; it is part of that problem.

Footnotes:

- 7.Lenoski (1981), p. 7 (seventh page; no pagination). LENOSKI, Edward F., M.D. 1981 : *The Plight of the Children*. Toronto: Life Cycle Books.
- 8.Ibid. 9.Ibid., p. 5. 10.Reardon (1987). p. 225.
- 11.Ibid. 12.Ibid. 13.Ibid., pp. 225-26.
- 14.Lenoski (1981), p. 7. 15.Ney (1979), p. 32.
- NEY, Philip G., M.D. 1979
- "Infant Abortion and Child Abuse: Cause and Effect," in Mall and Watts (1979), pp. 25-38. 1983 "A Consideration of Abortion Survivors," in Hensley (1983), pp. 123-38. Reprinted from *Child Psychiatry and Human Development* (n.d.).
- 16.Reardon (1987), p. 226.
- Also see: <http://www.afterabortion.org/ElliotInstitute/Dr.DavidReardon>
- 17.Ney (1979). He lists seven points in all; the others are included in other parts of this discussion.
- 18.Reardon (1987), p. 225.
- 19.As reported in *The Providence Journal* March 9, 1989, p. A-10.

V. Abortion and Race

- a.) *The work of Dorothy Roberts*, Rutgers University School of Law, Newark, NJ: author of *Killing the Black Body*
- b.) "*African Americans and induced abortion*" - Association for Interdisciplinary Research in Values and Social Change: 6 pages
- c.) *Racism and Abortion* - Erma Clardy Craven: expert in the field of social and human services
- d.) "Snow in the 90's" - *a personal perspective* of Gateway Pregnancy Centers

VI. Logical conclusions that may be drawn

(1) Abortion is significantly linked to behavioral changes such as promiscuity, smoking, drug abuse, and eating disorders which all contribute to increased risks of health problems. . See sources (12 - 19) in related document, "A List of Major Psychological Sequelae of Abortion."

(2) "Physical and emotional damage from abortion is greater in a young girl. Adolescent abortion candidates differ from their sexually mature counterparts, and these differences contribute to high morbidity." C.Cowell, problems of Adolescent Abortion, Ortho Panel 14, Toronto General Hospital

(3) "The younger the patient ... the higher the complication rate.. Some of the most catastrophic complications occur in teenagers." M. Bulfin, M.D., *Ob-Gyn Observer*, Oct-Nov,1975.

(4) Teenagers, who account for about 30 percent of all abortions, are also at much high risk of suffering many abortion related complications. This is true of both immediate complications, and of long-term reproductive damage.

Wadhera, "Legal Abortion Among Teens, 1974-1978", Canadian Medical Association Journal, 122:1386-1389, (June 1980).

(5) Abortion and child abuse go together. Each represents the loss of reverence for a human person, the willingness to use violence against him.

(6) "The suffering caused by abortion can be about many different feelings, such as anger, grief, guilt, shame, and spiritual injury. Difficult feelings may not present themselves clearly and directly." Peace After Abortion by Ava Torre-Buena:

(7) Suicide - the fruit of abortion: "A teenage girl is 10 times more likely to attempt suicide if she's had an abortion in the last six months." Garfinkel, et al: University of Minnesota, 1986)

(8) "...young teenagers who engage in premarital sex are likely also to experiment with illegal drugs and to break the law" Harvard University/ Univ. of Minnesota study

(9) 70% of women ended their relationship with their husbands or boyfriends within 30 days of having an abortion...and nearly all did so within two years. Your decision can adversely impact even the most stable relationships in your life. Woman's Life, 1975; also quoted by Vincent M. Rue, Ph.D., St. Thomas More Clinic, Downey, CA.

(10) As is clear from the document above, surgical abortion carries many physical risks, which are compounded for repeat and late term abortions. Many women may have damage to their reproductive systems without realizing it, only to find years later that they are infertile or worse. Surgical abortion can make subsequent pregnancies more dangerous, thus contributing to overall maternal mortality for wanted pregnancies. The increased risk of breast cancer, though well documented, is not usually disclosed to women seeking abortions.

For women aborting a first pregnancy, the risk of breast cancer almost doubles after a first-trimester abortion and is multiplied with two or more abortions. This risk is especially great for women who do not have children.

(11) The abused child is a victim of the result of guilt. "Aborted women frequently feel guilt, and 'guilt is one of the major factors causing battering and infanticide.' This guilt results in 'intolerable feelings of self-hatred, which the parent takes out on the child.'" Reardon, p. 225, c. 1987: <http://www.afterabortion.org/> Elliot Institute / Dr. David Reardon